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Approved For Release 20d6/11/13 ^{C.I} CFATROP75-00399R000° REPORTS INVENTORY												CONTROL NO.				
REPORTS INVENTORY PREPARE IN DUPLICATE											DDS/OL/PS-1					
I. TITLE OF REPORT (if a fill-in report include Form No.)											2. TYPE	, 	STATIS	TICAL		
· ·											0F	x	NARRAT			
Weekly Activity Report											REPORT			E-NAME LISTING		
3. FUNCTIONAL AREA			PERSONNEL							х	ADMIN. GENERAL					
			LOGISTICS				SEGURITY				OTHER (speci	fy)			
4. NO. OF COPIE	FO	MEDICAL 5. FREDUENCY (weekly.			e e e e e e e e e e e e e e e e e e e	monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not							
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7			Weekly								5 within OL					
			8. ADP PROCESSING						9. DI	DIRECTIVE AUTHORITY REQUIRING REPORT						
computer pri	nt-out,	etc)							7							
Activity Fo			χN						LI	70-1	0 dtd 29	Aug	c 66			
O. PREPARING COMPONENT (include lowest level FEEDER REPORTS (State to										total	otal number and identify by Title, re. Attach separate sheet if necessary.)					
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						12.	COST F	ACTORS								
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3. COMPLETE DETA INCLUDE DATE	REPORT	SIIFI Was f	CALLON IRST ST	FOR THIS A CETSA	S REPO ND COM	RT (in PONENT	addition WHO ESTA	n to dire AriishFD	ective o	or aut EMENT.	thority c	ited i	in Item	9). IF KNOWN,		
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